State of California Department of Consumer Affairs

DENTAL BOARD OF CALIFORNIA
1432 HOWE AVENUE, SUITE 85, SACRAMENTO, CA 95825-3241
TELEPHONE: (916) 263-2300
FAX: (916) 263-2140
WWW.DBC.CA.GOV

CONSUMER COMPLAINT FORM

PLEASE PRINT OR TYPE

COMPLAINT REGISTERED AGAINST

Name:			Name of Dental Office:
Address:			
City:	State:	Zip Code:	Office Phone Number: ( )

PERSON REGISTERING COMPLAINT

Mr. ☐ Mrs. ☐ Ms. ☐			Relationship to Patient:
Address:			Home Phone Number: ( )
City:	State:	Zip Code:	Work Phone Number: ( )
Patient Name:	☐ Male ☐ Female		Patient's Date of Birth:
Legal authority to act on patient's behalf?			
Has patient been examined or treated by another dentist for this same complaint? YES ☐ NO ☐ If yes, please provide full names and addresses on the back of this form.			

DESIRED OUTCOME OF THIS COMPLAINT

DETAILS OF COMPLAINT

Dates of Visits:

State Your Complaint In Detail:

DO NOT WRITE IN THIS SPACE

NOTICE: As much information as possible should be provided, in addition to any supporting documents pertaining to your specific complaint. Failure to provide sufficient information or documentation may prevent or delay the review of your complaint. The information will be used to determine whether a violation of law has occurred. If a violation is substantiated, the information may be transmitted to other governmental agencies, including the Attorney General's Office. The Dental Board of California does not have jurisdiction over fee disputes or office business procedures.

Signature _____ Date _____

ENF-10 Rev (03/01)

DENTAL BOARD OF CALIFORNIA

SUPPLEMENTAL COMPLAINT INFORMATION

PLEASE PROVIDE THE NAME, ADDRESS, TELEPHONE NUMBER AND DATE OF VISIT TO ANY OTHER DENTISTS YOU HAVE SEEN SINCE BEING TREATED BY THE SUBJECT OF YOUR COMPLAINT.

1. _____

_____ **SUITE #** _____

_____

PHONE: ( ) _____ **DATE(S):** _____

2. _____

_____ **SUITE #** _____

_____

PHONE: ( ) _____ **DATE(S):** _____

3. _____

_____ **SUITE #** _____

_____

PHONE: ( ) _____ **DATE(S):** _____

4. _____

_____ **SUITE #** _____

_____

PHONE: ( ) _____ **DATE(S):** _____